APPLICATION FOR EMPLOYMENT **VERMONT DEPARTMENT An Equal Opportunity Employer OF LABOR** Name____ **PERSONAL** (middle) (last) (first) **INFORMATION** (Print) Address _____ (street) (city) (state) (zip) Phone (if message phone) Referred By_____ No Are you a Veteran? Yes Position_____ **EMPLOYMENT DESIRED** Date Available for Employment _____ Ever Employed by this Company before? _____ (When?) _____ **EDUCATION** & TRAINING (name of last school attended) (dates) (address) (city) (state) (zip) Circle last year completed: Grade 5 6 7 8 9 10 11 12 College 1 2 3 4 5 List applicable courses, certifications, diplomas, degrees or licenses: Other Training or Skills (include military) **FORMER** Start with your present position and work back: **EMPLOYERS** (name of firm) (your job title) Summary of your duties: _____ (address) (city) (state) (title) (supervisor) (month and year) (month and year) Reason for leaving____

Phone Number ()

May we contact this employer? Yes No

FORMER EMPLOYERS	,								
2	(name of firm)		(your job title) Summary of your duties:						
	(address)		Summary or your dutie	3 5					
	(city)	(state)							
	(supervisor)	(title)							
	Employed from:(mont	h and year)	to (month and year)						
3.	Reason for leaving May we contact this employer? Yes No Phone Number ()								
					. (name of firm)		(your job title)	20.	
	(address)		Summary of your dutie	es:					
	(city)	(state)							
	(supervisor)	(title)							
	Employed from: to								
					ADDITIONAL INFORMATION	List any other information including employment, volunteer and community work which might be helpful in determining your qualifications for the position:			
	PERSONAL REFERENCES	Name 1		ddress	Phone				
(not related to you)	2 3								
	Are you legally able to	be employed in the	U.S.? Yes No						
withheld nothing		d affect this applica	tion unfavorably. I understai	st of my knowledge and I have nd that if employed, any false					
			Signature	Date					